								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 O9 579292											12		
			ALL E	ENTITY	OR	OTHER SMALL							
FO	R	NUMBE	(Column 1) (Column 2) NUMBER FILED NUMBER EXTRA			R/	TE	FEE		RATE	FEE		
BA	SIC FEE							345.00	OR	2 1 4 1 5 2 W	690.00		
то	TAL CLAIMS	22	22 minus 20= * 2				9=	,	OR	X\$18=	36		
IND	EPENDENT CL	AIMS 3	3 minus 3 = *				39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+260=	7		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	126		
CLAIMS AS AMENDED - PART II							SMALL ENTITY			OTHER THAN SMALL ENTITY			
	12	(Column 1) CLAIMS	** ** ** ** ** ** ** ** ** ** ** ** **	(Column 2) HIGHEST	(Column 3)			ADDI-			ADDI-		
AMENDMENT A	\$ 7 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m 5 m	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	TIONAL		RATE	TIONAL FEE		
	Total	· 22	Minus	22	=	X	§ 9=		OR	X\$18=			
MEN	Independent	. 3	Minus	··· 3	=	$\overline{}$	39=		OR	X78=			
⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT CLAIM					1	.000			
						<u> </u>	30=		OR	+260=			
							TOTAL T. FEE		OR	ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)	ı			_				
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDME	Total		Minus	••	=	×	\$ 9=		OR	X\$18=			
	Independent	•	Minus	***	=	×	39=		OR	X78=			
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						130=		OR	+260=			
						<u> </u>	TOTAL		OR	TOTAL			
				(O.al.,	(Column 2)		IT. FEE		J - · ·	ADDIT. FEE	·		
<u> </u>		(Column 1) CLAIMS	1	(Column 2) HIGHEST	(Column 3)	1 —		LADDI	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**	=	X	\$ 9=		OR	X\$18=			
	Independent	•	Minus	***	=		39=		OR	X78=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 	1				
	MALE COLUMN		ha antaria cal	umn 2 write "0" in c	olumn 3	L	130=	<u> </u>	OR	TOTAL			
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE													
"	If the "Highest Ni" The "Highest Nu	umber Previously f mber Previously Pa	raid For IN Th aid For" (Total	IIS SPACE is less in or Independent) is th	ian 3, enter 3. ne highest numb	er found	n the a	ppropriate be	ox in c	column 1.			

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 509292

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee		_Total	
,	Sm./Lg.				Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101	00	α			67.0	ر 	:	
Total Claims >20	203/103	.20	• <u></u>	x		24	Ξ.		
Independent Claims >3	202/102	<u> </u>		x	 	\leftarrow	=		
Mult. Dep Claim Present	204/104					100	=		
Surcharge	205/105					130	=		
English Translation	139					•			
TOTAL FEE CALCULA	ATION					-		_	
Fees due upon filing the application:									
Total Filing Fees Due	= \$_	856.	00						
Less Filing Fees Subn	nined -\$	6		 -					
BALANCE DUE	= \$]	656°	00						
Office of Initial Paten	NOV	 In				 			